of India, Evaluation studies conducted by PEO, Planning Commission and ORG MARG in 2005 reported that there were diversions and leakages of foodgrains in many States and UTs, identification of targeted beneficiaries had exclusion and inclusion errors and functioning of fair price shops was not financially viable. Therefore, to streamline functioning of TPDS, the following steps have been taken by Government.

(i) For improving functioning of TPDS machinery, continuous review of lists of BPL and AAY families, door step delivery of foodgrains to fair price shops, timely availability of foodgrains at fair price shops, and training of staff as well as vigilance committee members are being emphasized.

(ii) For greater transparency in functioning of TPDS, display of lists of BPL and AAY families at fair price shops, display of allocated quantities on websites, adoption and implementation of revised Citizens' Charter, monthly certification of delivery of foodgrains to fair price shops and their distribution to ration card holders, and taking a publicity-cum-awareness campaign have been initiated.

(iii) Improved vigilance at various levels and strict penal action against those involved in malpractices, including action against staff responsible for issuing ineligible ration cards and persons found in possession of such ration cards are being emphasized.

(iv) Introduction of new technologies such as Computerization of TPDS operations at various levels, smart-card-based delivery of essential commodities, use of global positioning system on vehicles transporting TPDS commodities and bar coding of ration cards, etc. is being piloted.

A nine-point action plan covering most of these measures, evolved in consultation with State and UT Governments is under implementation since July, 2006. To assess impact of all these initiatives, concurrent evaluation of TPDS has been taken up in 26 States & UTs. With these measures, functioning of TPDS is getting streamlined.

Mortality rates in the country

2080.SHRI MAHENDRA MOHAN:

DR. (SHRIMATI) NAJMA A. HEPTULLA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware that child mortality rate in India is higher than Bangladesh and Nepal;

(b) whether out of all the States five States have recorded higher mortality rates, and if so, the details thereof;

(c) what are the schemes and programmes under his Ministry to minimize the infant mortality rate and for the development of children and budgetary allocations for each scheme; and

(d) what is the State-wise performance and how his Ministry monitors such programmes?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) to (d) The child mortality rate in India for the year 2006 is 17.0 per thousand live births. The year-wise figures and State-wise figure are given in the Statement (*See* below).

The States with highest child mortality are Madhya Pradesh 24.3 per 1000 live births, Uttar Pradesh 23.9 per 1000 live births, Rajasthan, 22.4 per 1000 live births, Orissa 22.0 per 1000 live births, and Assam 19.7 per 1000 live births.

As per The State of World's children 2008 report of UNICEF, the under five mortality for year 2006 for India is 76 per 1000 live births, for Bangladesh is 69 per 1000 live births and for Nepal is 59 per 1000 live births.

The under five mortality rate (the probability of a child dying between birth and exactly five years of age) used by UNICEF in its report is different from the child mortality rate (the probability of a child dying between first and the fifth birthday) used by Sample Registration System, Registrar General of India.

The National Rural Health Mission, launched in April, 2005 for a period of 7 years (2005 to 2012) is an umbrella initiative which covers the existing initiatives of Reproductive and Child Health (RCH II) also. The interventions under NRHM are aimed at improving the efficiency of the RCH II programme and accelerate the reduction of Infant Mortality Rate (IMR). NRHM facilitates simultaneous action on collateral determinants of health like water, sanitation, education, nutrition, etc.

A major initiative is implementation of the Integrated Management of Neonatal and Childhood Illnesses (IMNCI) strategy, which adopts a holistic approach to the management of the commonest causes of neonatal and childhood mortality – sepsis acute respiratory infections diarrhoea, measles and malaria, all compounded by malnutrition. In addition, thrust is being given to ensure institutional deliveries and trained health personnel on essential newborn care so that skilled attendance at birth is available and all newborns receive specialized care. Efforts to deliver new born and child care, both facility based as well as home based, are being made. Micronutrient supplementation with Vitamin A, Iron Folic Acid and Zinc and Infant and Young Child Nutrition are being stressed. Immunization is one of the major thrust areas of the ongoing Reproductive & Child Health Programme.

Funds are allocated to the States as Flexi pool as per their requirements projected in State Programme Implementation Plans (PIPs). Subsequently States have full freedom to allocate funds provided under flexi pool for various activities including child health. Budget Estimate of Flexi pool is given in the Statement-II (*See* below).

The progress is good. The Ministry of Health and Family Welfare has an elaborate monitoring and evaluation system for monitoring the progress of its programmes and evaluating its impact. The National programmes are monitored through external surveys and stringent internal monitoring by the National Rural Health Mission.

Statement-I

India/Major States	Child Mortality Rate (0-4)						
	2000	2001	2002	2003	2004	2005	2006
India	19.5	26.5	17.8	17.4	-17.0	17.3	17.0
Andhra Pradesh	15.9	19.0	15.4	15.2	13.8	14.8	15.2
Assam	22.9	27.3	22.7	22.4	21.3	19.7	19.7
Bihar	19.2	34.4	17.2	17.4	16.8	20.1	18.5
Chhattisgarh					19.3	20.2	18.4
Delhi					7.6	8.3	9.3
Gujarat	19.0	24.7	18.4	16.7	16.0	16.0	16.2
Haryana	18.5	29.7	17.5	16.6	17.7	17.8	16.2
Himachal Pradesh	13.0	13.7	14.4	10.0	11.9	13.5	10.5
J & K					11.7	12.0	12.3
Jharkhand					13.8	16.1	15.4
Karnataka	15.2	20.7	14.8	14.4	12.8	13.1	12.5
Kerala	3.3	3.6	2.2	2.7	3.0	3.4	3.2
Madhya Pradesh	26.9	35.4	25.9	26.7	26.9	24.6	24.3
Maharashtra	11.0	14.7	10.4	9.9	8.7	8.6	8.8
Orissa	25.1	25.6	24.6	23.3	22.2	21.4	22.0
Punjab	15.0	17.5	14.8	14.6	12.2	11.3	11.0
Rajasthan	24.6	39.9	22.3	21.8	21.0	20.3	22.4
Tamil Nadu	12.0	13.8	10.6	10.4	10.1	9.0	9.2
Uttar Pradesh	26.8	36.8	24.5	23.8	24.3	24.7	23.9
West Bengal	13.2	18.6	12.4	11.9	10.4	10.0	9.7

Source: Sample Registration System

Statement-II

BE of RCH Flexipool and Additionalties under NRHM for the F.Y. 2008-09

(Rs. in crores)

Sl.No.	State	RCH Flexible Pool	Additionalities Under NRHM
1	2	3	4
A. High Focus States			
1	Bihar	213.84	186.28
2	Chhattisgarh	53.58	46.68
3	Himachal	12.16	10.59
4	J & K	20.09	17.50

1	2	3	4
5	Jharkhand	69.46	60.51
6	MP	155.79	135.71
7	Orissa	94.76	82.55
8	Rajasthan	145.62	126.85
9	UP	428.17	373.02
10	Uttarakhand	21.83	19.02
	Sub TOTAL	1215.30	1058.71
B. NE States			
11	Arunachal Pradesh	8.38	9.36
12	Assam	204.09	227.90
13	Manipur	18.25	20.38
14	Meghalya	17.66	19.72
15	Mizoram	6.88	7.69
16	Nagaland	15.26	17.04
17	Sikkim	4.19	4.68
18	Tripura	24.54	27.40
	Sub TOTAL	299.25	334.17
C. Non High Focus States			
19	Andhra	150.08	130.74
20	Goa	2.73	2.38
21	Gujarat	100.47	87.52
22	Haryana	41.92	36.52
23	Karnataka	104.69	91.20
24	Kerala	63.26	55.11
25	Maharashtra	191.51	166.83
26	Punjab	48.13	41.92
27	Tamil Nadu	122.80	106.97
28	West Bengal	159.01	138.52
	Sub TOTAL	984.60	857.71
D. Small States/UTs			
29	Andaman & Nicobar	0.74	0.65
30	Chandiaarh	1.74	1.51
31	Dadra & Nagar Haveli	0.50	0.43
32	Daman	0.40	0.35
33	Delhi	27.29	23.77

1	2	3	4
34	Lakshadweep	0.20	0.17
35	Puducherry	1.98	1.73
	Others	3.00	5.80
	Sub TOTAL	35.85	34.41
	Grand TOTAL	2535.00	2285.00

Kidney Rackets

†2081. SHRI AJAY SINGH CHAUTALA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that in the recent past a racket of kidney transplantation was unearthed where in kidneys of a large number of poor people were removed;

(b) whether foreigners were also involved in it;

(c) whether Government has taken any measure to check such immoral activities; and

(d) if so, the details thereof and if not, whether Government will take stringent measures in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (d) Yes, Sir. A kidney scam in Gurgaon, Haryana came to notice through media on 25.01.2008. It was alleged that more than 500 kidney transplants have taken place illegally from this area. Ministry of Health and Family Welfare had requested CBI to conduct a detailed enquiry into the existence of such unauthorized transplantation centres in the country and their modus operandi. The following accused persons are in police custody remand of CBI. They are Dr. Amit Kumar, Dr. Upender, Gyasuddin, Jagdish Nai, Dr. Saraj Kovind, Dr. Jeevan Kumar, Manoj Kumar, Dr. K.K. Aggarwal. Sale/ purchase of human organs is already prohibited under Transplantation of Human Organs Act, 1994. Appropriate authorities established under this Act are responsible and empowered to check the illegal activities of human organs trafficking. A Statement showing the details received from the State Governments is enclosed.

Statement

Details of cases of illegal kidney and other organ transplantation in various Government/private hospitals reported and action taken - as received from various States/Union Territories

Sl.No.	Name of State/ Union Territory	Details of cases reported
1	2	3
1.	NCT of Delhi	Delhi Police has registered six FIRs in respect of illegal kidney transplantations in Research and Referral Hospital, New Delhi, Indraprastha Apollo Hospital, New Delhi, Sir Ganga Ram Hospital, New Delhi and Kakkar Hospital, Amritsar. As a result, ten people had been arrested by the Delhi Police.

† Original notice of the question was received in Hindi.